

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BAYADA HOME HEALTH CARE, INC. POLITICAL ACTION COMMITTEE (a.k.a. BAYADA U.S. PAC)

Full Name (Last, First, Middle Initial)

**A. AIMEE BELGARD FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		15		2014

Mailing Address PO BOX 35

City	State	Zip Code
WILLINGBORO	NJ	08046

Purpose of Disbursement

Lost Check: Contribution Check to Federal Candidate was lost in mail

011

Candidate Name

AIMEE BELGARD

Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: NJ District: 03

Transaction ID : SB23.13651

Amount of Each Disbursement this Period

-1000.00
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Full Name (Last, First, Middle Initial)

**B. AIMEE BELGARD FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		16		2014

Mailing Address PO BOX 35

City	State	Zip Code
WILLINGBORO	NJ	08046

Purpose of Disbursement

Contribution to Federal Candidate (reissue of August 27 lost check)

011

Candidate Name

AIMEE BELGARD

Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: NJ District: 03

Transaction ID : SB23.13652

Amount of Each Disbursement this Period

1000.00
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Full Name (Last, First, Middle Initial)

**C. NATIONAL REPUBLICAN SENATORIAL COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		12		2014

Mailing Address 425 SECOND STREET NE

City	State	Zip Code
WASHINGTON	DC	20002

Purpose of Disbursement

Contribution to National Party Committee

011

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District: None

Transaction ID : SB23.13648

Amount of Each Disbursement this Period

5000.00
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SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

5000.00
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5000.00
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